

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) NV Service Employees Union, SEIU L-1107

Office (if applicable) 1001 S. Rancho Dr

District (if applicable) 2

Mailing Address (include city and zip code) Las Vegas NV 89106

Telephone No. 702-386-8849

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☒ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
Period: January 1, 2003 - December 31, 2003

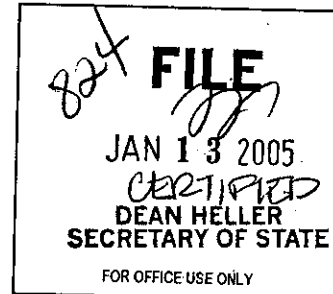
☐ Report #1 - Due August 31, 2004
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
All others Period: Jan. 1, 2004 - Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004
Period: Aug. 27, 2004 - Oct. 21, 2004

☒ Report #3 Due - January 15, 2005*
Period: Oct. 22, 2004 - Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0	
11,755	66,475.36

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

66,475.36

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

11,755	66,475.36
--------	-----------

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

1,100	
1,100	

67,575.36

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature [Signature]

Date 1/14/05

EL201.doc

Revised: Jan-04

PAGE 1 OF 2

CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Moxie Media 4848 NE 12th Ave Portland, OR 97211	F	10/24	\$1,100

This page may be copied or duplicated if additional space is needed.